

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035263	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2024
NAME OF PROVIDER OR SUPPLIER Archie Hendricks Senior Skilled Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE Federal Route 15 Mile Post 9 Sells, AZ 85634	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37689</p> <p>Based on interview and record review, the facility failed to ensure one of 12 sampled residents (R42) was provided assistance in formulating an advance healthcare directive when they expressed a desire to create one. This failure put the resident at risk for not having their wishes for treatment known and had the potential for the resident's decision regarding his healthcare and treatment options not being honored.</p> <p>Findings:</p> <p>Review of the electronic medical record (EMR) revealed R42 was admitted to the facility on [DATE].</p> <p>Review of the Minimum Data Set (MDS, a standardized assessment tool) with assessment reference date of 06/19/24, revealed a Brief Interview for Mental Status (BIMS) score of 14 out of 15 indicating R42 had no cognitive impairment.</p> <p>Review of the advance healthcare directive acknowledgment form signed by R42 upon admission indicated that R42 wished to complete a healthcare power of attorney.</p> <p>Review of the EMR failed to show a copy of R42's advance healthcare directive.</p> <p>On 09/26/24 at 10:57 AM, an interview was conducted with Social Worker (SW) 1. SW 1 acknowledged that when R42 was admitted in June 2024, R42 expressed a wish to complete a healthcare power of attorney. SW 1 stated when residents express a desire to develop an advance healthcare directive, the procedure was to assist the resident as soon as possible. SW 1 explained that they typically provide the resident with copies of the forms to review in advance and invite a notary to complete the paperwork. When asked if this process was completed, SW 1 stated that it was not. SW 1 verified that R42 was capable of making healthcare decisions.</p> <p>On 09/26/24 at 11:44 AM, an interview was conducted with R42 in her room. R42 stated that she remembered the facility staff asking her when she came to the facility in June if she wanted to formulate an advance healthcare directive. R42 stated she wished to designate a family member as her healthcare power of attorney. However, no one followed up, so I forgot about it.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035263	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2024
NAME OF PROVIDER OR SUPPLIER Archie Hendricks Senior Skilled Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE Federal Route 15 Mile Post 9 Sells, AZ 85634	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>According to the facility's policy titled Residents' Rights Regarding Treatment and Advance Directives (undated), It is the policy of this facility to support and facilitate a resident's right to request, refuse and/or discontinue medical or surgical treatment and to formulate an advance directive .On admission, the facility will determine if the resident has executed an advance directive, and if not, determine whether the resident would like to formulate an advance directive.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035263	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2024
NAME OF PROVIDER OR SUPPLIER Archie Hendricks Senior Skilled Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE Federal Route 15 Mile Post 9 Sells, AZ 85634	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37689</p> <p>Based on interview and record review, the facility failed to ensure the Minimum Data Set (MDS) assessment for two of 12 sampled residents (R23 and R29) accurately reflected the residents' status.</p> <p>*R29's weight loss and anticoagulant use were coded incorrectly.</p> <p>*R23's active diagnosis of depression was not coded in the MDS.</p> <p>These failures had the potential for the residents to not receive an individualized plan of care based on their specific care needs.</p> <p>Findings:</p> <p>For R29:</p> <p>Review of the electronic medical record (EMR) revealed R29 was admitted to the facility on [DATE] with diagnoses including hypertension and coronary artery disease.</p> <p>Review of the MDS with assessment reference date of 07/26/24 revealed Section K, which addresses weight loss of 5% or more in the last month or 10% or more in the last 6 months, was marked as Yes, indicating R29 was not on a physician-prescribed weight loss regimen. However, a review of R29's weights showed that R29 did not experience a weight loss of 5% in the last month or 10% in the last 6 months.</p> <p>Further review of the MDS revealed that R29 was coded as taking an anticoagulant medication with an indication noted. However. Review of the Medication Administration Record for July 2024 failed to show any evidence that R29 was receiving an anticoagulant.</p> <p>On 09/27/24 at 12:00 PM, a telephone interview and concurrent medical record review was conducted with the MDS Coordinator. The MDS Coordinator reviewed the medical record and verified the above findings. The MDS Coordinator stated R29's MDS was coded inaccurately for both weight loss and anticoagulant use.</p> <p>36814</p> <p>Resident 23</p> <p>R23 was admitted with diagnoses including hypertension, muscle weakness, and pneumonia.</p> <p>Review of R23's physicians order dated 03/14/24, indicated R23 was receiving Prozac (antidepressant) for Depression, AEB [as evidence by] self isolation.</p> <p>Review of R23's Quarterly MDS assessment dated [DATE], under Section I Active Diagnoses indicated the diagnosis of Depression was coded NO.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035263	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2024
NAME OF PROVIDER OR SUPPLIER Archie Hendricks Senior Skilled Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE Federal Route 15 Mile Post 9 Sells, AZ 85634	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 09/26/24, at 02:17 PM, RN1 confirmed that R23 was receiving Prozac. RN1 also stated, R23 was admitted with Prozac for withdrawn behavior prior to him coming to nursing home.</p> <p>In an interview on 09/27/24, at 12:13 PM, MDS Coordinator stated,(R23) is getting antidepressant.</p> <p>MDS Coordinator explained the diagnosis of depression should be coded as yes. He added, It is incorrect, it should be coded yes for diagnosis.</p> <p>According to MDS 3.0 Resident Assessment Instrument (RAI) Manual, under Section I defined Active Diagnoses as Physician-documented diagnoses in the last 60 days that have a direct relationship to the resident ' s current functional status, cognitive status, mood or behavior, medical treatments, nursing monitoring, or risk of death during the 7-day look-back period.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035263	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2024
NAME OF PROVIDER OR SUPPLIER Archie Hendricks Senior Skilled Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE Federal Route 15 Mile Post 9 Sells, AZ 85634	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>36814</p> <p>Based on interview and record review, the facility did not ensure that the resident's drug regimen was free from unnecessary drugs when Midodrine HCL (used to treat low blood pressure) was administered outside the parameters for one of one sampled resident (Resident [R] 41).</p> <p>This failure resulted R41 receiving unnecessary medication that could negatively affect his health and well-being.</p> <p>Findings:</p> <p>R41 was admitted with diagnoses including Parkinson's Disease (chronic and progressive movement disorder), muscle weakness, and orthostatic hypotension (low blood pressure [BP] that happens when standing after sitting or lying down).</p> <p>Review of R41's physician order, dated 07/29/24, indicated an order for Midodrine HCl 10 milligram 1 tablet three times a day for Orthostatic Hypotension to Hold for Systolic Blood Pressure (SBP) less than 110. SBP is the measure of pressure within the arteries while the heart beats.</p> <p>Review of R41's August 2024 Medication Administration Record (MAR), indicated a</p> <p>Midodrine HCl Oral Tablet 10 MG was administered outside the parameters on the following dates:</p> <p>08/01/24 at 2PM for SBP of 122</p> <p>08/05/24 at 2PM for SBP of 135</p> <p>08/09/24 at 6AM for SBP of 148</p> <p>08/15/24 at 6AM for SBP of 140</p> <p>08/15/24 at 10PM for SBP of 157</p> <p>08/17/24 at 2PM for SBP of 142</p> <p>In an interview with Registered Nurse (RN)1 and review of R41's August 2024 MAR on 09/25/24, at 02:46 PM, RN1 verified that R41 was given a dose of Midodrine outside the parameters. RN1 stated, If there's a check that means it was given out of parameters.</p> <p>Review of facility's policy titled, Administering Oral Medication with revised date of 04/11/24, indicated, 6. Check the label on the medication and confirm the medication name and dose in the MAR .8. Check the medication dose. Recheck to confirm the proper dose .</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035263	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2024
NAME OF PROVIDER OR SUPPLIER Archie Hendricks Senior Skilled Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE Federal Route 15 Mile Post 9 Sells, AZ 85634	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37689</p> <p>Based on observation, interview, and record review, the facility failed to ensure the medication error rate was below 5%. The medication error rate was 12%. Three medication administration errors were identified out of 25 opportunities during medication administration observation on 09/26/24 as follows:</p> <p>*RN 2 administered a medication to Resident (R) 20 that was ordered to be administered before a meal, but instead, it was administered after R20 had already eaten breakfast.</p> <p>*RN 2 administered two different eye drops to R20 without allowing the required 3-5 minute wait between drops, as outlined in their policy and standard of practice.</p> <p>These failures could lead to decreased medication effectiveness and potential adverse health outcomes for R20.</p> <p>Findings:</p> <p>On 09/26/24 at 08:43 AM, a medication pass observation to R20 was conducted with Registered Nurse (RN) 2.</p> <p>RN 2 was observed preparing medications for R20 which included calcium acetate (medication used to lower high phosphate levels in patients with kidney disease) 667 milligrams (mg) 3 capsules, brimonidine (eye drops used to treat glaucoma or high eye pressure) 0.2%, and dorzolamide (eye drops used to treat glaucoma or high eye pressure) 2%.</p> <p>On 09/26/24 at 0850 AM, RN 2 administered the oral medications to R20, which R20 swallowed without difficulty.</p> <p>On 09/26 24 at 08:53 AM, RN 2 administered one drop of brimonidine to both eyes and then immediately applied one drop of dorzolamide to both eyes without waiting 3 to 5 minutes between eye drops.</p> <p>After completing the medication pass to R20, RN 2 was interviewed. RN 2 verified that she administered the eyedrops without allowing time in between for absorption. RN 2 stated that she always administered the eyedrops this way and added they were scheduled at the same time. When asked if she needed to wait between drops, she responded, it does not say that in the order.</p> <p>Review of R20's physician's orders and Medication Administration Record for September 2024 revealed an order dated 08/12/24 for calcium acetate oral tablet 667 mg, give 3 tablets by mouth before meals. The medication label had a sticker that stated take with food.</p> <p>On 09/26/24 at 09:36 AM, an interview was conducted with R20 in his room. R20 stated when RN 2 administered his medications, he had already eaten breakfast.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035263	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2024
NAME OF PROVIDER OR SUPPLIER Archie Hendricks Senior Skilled Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE Federal Route 15 Mile Post 9 Sells, AZ 85634	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 09/26/24 at 09:41 AM, a follow up interview was conducted with RN 2. RN 2 stated when administering the medications, she follows the physician's order. RN 2 verified she did not administer the calcium acetate before meals as ordered by the physician. RN 2 stated she knew R20 had eaten breakfast when she gave the medications.</p> <p>On 09/26/24 at 01:59 PM, a telephone interview and concurrent medical record review was conducted with the Consultant Pharmacist. The Consultant Pharmacist stated for calcium acetate where the bottle instructions state to give it with food but the doctor's order says to administer it before meals, the Consultant Pharmacist stated that they have to follow the physician's order. The Consultant Pharmacist stated I'm looking at the medications right now, I don't see any indication that this resident had a stomach irritation concern. The Consultant Pharmacist was also asked about the administration of two different eyedrops, to which she stated there should be a 3 to 5 minute wait between them. The Consultant Pharmacist noted that this is part of the pharmacy's standard of care policy.</p> <p>According to the facility's policy titled Medication Administration Eye Drops dated 05/16, While the eye is closed, use one finger to compress the tear duct in the inner [NAME] (inner canthus) of the eye for 1-2 minutes. This reduces systemic absorption of the medication. Alternatively, the resident may keep his/her eyes closed for approximately three minutes .If another drop of the same or different medication is prescribed for administration in the same eye at the same time, wait 3 to 5 minutes for optimal absorption then repeat procedure above.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035263	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2024
NAME OF PROVIDER OR SUPPLIER Archie Hendricks Senior Skilled Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE Federal Route 15 Mile Post 9 Sells, AZ 85634	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36814</p> <p>Based on observations, interview and record review the hospital failed to ensure a Registered Dietitian (RD) or qualified nutrition professional provided frequent oversight of food and nutrition services which resulted in deficient practices related to the competency of foodservice staff for the safe storage of refrigerated foods and ensuring sanitary condition of walk-in refrigerator (Refer to F812).</p> <p>These failures had the potential to lead to foodborne illness in a highly susceptible population of 45 residents who received food from the facility kitchen.</p> <p>Findings:</p> <p>In an interview on 09/24/24 at 10:00 AM, Acting Dietary Manager (ADM) explained that she assumed the position of Dietary Manager four months ago and the previous Dietary Manager (DM) is now assigned at the Assisted Living. ADM added, she is in the process of completing the required training for Dietary Manager certification (also known as CDM). The Dietary Manger Consultant stated that she is responsible to oversee (ADM) while she's in training.</p> <p>During initial tour of the kitchen on 09/24/24 at 10:04 AM, the following was observed:</p> <p>1. Inconsistent labelling of food items such as:</p> <p>a. Bread cubes for Puree Bread labeled with use-by date of six (6) days after preparation,</p> <p>Cut-pineapple and open canned oranges labeled with use-by date of six (6) days after preparation or opening,</p> <p>Cut-peaches and honeydew labeled with use-by date of five (5) days after preparation,</p> <p>Canned cherries labeled with use-by date of three (3) months after opening.</p> <p>b. Raw sausages and meat patties covered with plastic wrap kept in a sheet pan was not labelled with prepare date and use by date. During concurrent interview, ADM stated, The cook prepared the sausage yesterday [09/23/24]. The practice is to write a date when it was prepared and used by date.</p> <p>c. At the bottom rack inside the walk-in refrigerator, a [NAME] Sweet and Sour Sauce was labeled that read, OP 8/14/24 and Use by 9/14/24. During concurrent interview, ADM stated, OP means open date. It's outdated.</p> <p>2. The lower portion of the storage rack had a large amount of thick gray, black, whitish powder-like substance. In addition, the following items were also covered with thick gray, black, whitish powder-like substance.</p> <p>i. Grey Poupon Dijon Mustard 48 oz with opened date of 06/20/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035263	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2024
NAME OF PROVIDER OR SUPPLIER Archie Hendricks Senior Skilled Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE Federal Route 15 Mile Post 9 Sells, AZ 85634	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>bottle covered with thick gray, brown whitish powder-like substance.</p> <p>ii. 1-gallon Kens Balsamic Vinaigrette</p> <p>iii. 4 gallons of [NAME] Honey Mustard</p> <p>iv. 1-gallon of Teriyaki Marinade sauce with opened date 04/1/24</p> <p>During concurrent interview at 1010 AM, the DMC stated, It's a mold referring to the thick gray, black, whitish powder-like substance.</p> <p>In an interview on 09/24/24, at 10:22 AM, ADM stated that cleaning of the kitchen including walk-in refrigerator is the responsibility of everyone. ADM explained that she is in the process of creating a schedule for each dietary staff to complete specific task such as cleaning the walk-in refrigerator.</p> <p>In an interview on 09/25/24, 01:31 PM, Registered Dietician (RD) stated that she was made aware of the presence of molds and it is not acceptable especially it's in the fridge. The RD also stated that it is an educational opportunity. We (facility) already provided an in-service to all staff.</p> <p>In an interview on 09/27/24, at 01:58 PM, the Administrator stated (ADM) is not the Manager. She doesn't have CDM (Certified Dietary Manager) cert (certification) yet. The Dietary Manager in the assisted living does the oversight. The DM who was also present during the interview explained that she was also providing oversight to ADM. The DM added, I manage the assisted living. Honestly, I am not here every day, but I speak to (ADM) at least twice a week. I rely much to her. The Administrator further stated, the facility hired DMC to help on mentorship of ADM, Unfortunately, she did not provide the appropriate leadership.</p> <p>Review of facility policy titled, Registered Dietician dated 03/27/24, under Primary Responsibility indicated, The Registered Dietician oversees the dietary supervisor and makes recommendations to the Administrator and Director of Food and Nutrition Services orally and through monthly reports. Specific responsibilities included, 2. Develop managerial and planning skills of supervisory staff, e.g. [example], purchasing procedures, specifications, inventories and records, completing Competency Checklist for dietary supervisor .</p> <p>Review of the facility Dietary Manager job description, dated 09/2022, indicated an essential function of Dietary Manager including 1. Maintain kitchen sanitation in compliance with applicable rules and regulations. 2. Supervise dietary staff .23. Staff must ensure that their department is maintained in a clean and safe manner by assuring that all necessary equipment and supplies are maintained .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035263	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2024
NAME OF PROVIDER OR SUPPLIER Archie Hendricks Senior Skilled Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE Federal Route 15 Mile Post 9 Sells, AZ 85634	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36814</p> <p>Based on observation, interview, and record review, facility failed to ensure food safety standards when 1) there was lack of consistent labeling of preparation date and use-by date for foods capable of foodborne illness 2) storage of food items outside the shelf life and 3) food storage practices that may promote cross contamination as evidence by presence of molds in the walk-in refrigerator.</p> <p>Failure to provide a food production environment that is safe and sanitary may result in foodborne illness, cross contamination of food and equipment and use of expired ingredients that may affect flavor and/or texture of food. Foodborne illness and cross contamination may result in gastrointestinal distress and in severe instances may result in death. The use of expired ingredients may result in a food product that is unpalatable, resulting in decreased meal intake. This had the potential to affect 45 residents who received meals from the facility.</p> <p>Findings:</p> <p>1a. During initial tour of the kitchen on [DATE] at 10:04 AM, the following food items were labelled as follows:</p> <ul style="list-style-type: none"> i. Bread cubes for Puree Bread with prepare date of [DATE] and use by within six (6) days on [DATE] ii. Peaches with prepare date of [DATE], and use by within five (5) days on [DATE]. iii. Honeydew with prepare date of [DATE], and use by within five (5) days on [DATE]. iii. Cherries with prepare date of [DATE], use by within three (3) months on [DATE]. iii. Orange with prepare date of [DATE] and use by within six (6) days on [DATE]. iv. Pineapple with prepare date of [DATE] and use by within six (6) days [DATE]. <p>1b. At 10:07 AM, further observation inside the walk-in refrigerator, there was a sheet pan containing raw sausages and meat patties covered with plastic wrap with no prepare date and use by date. During concurrent interview, Acting Dietary Manager (ADM) stated, The cook prepared the sausage yesterday [[DATE]]. The practice is to write a date when it was prepared and used by date.</p> <p>2. At the bottom rack inside the walk-in refrigerator, a [NAME] Sweet and Sour Sauce was labeled that read, OP [DATE] and Use by [DATE]. During concurrent interview, ADM stated, OP means open date. It's outdated.</p> <p>3. The lower portion of the storage rack had a large amount of thick gray, black, whitish powder-like substance. The following items were also covered with thick gray, black, whitish powder-like substance.</p> <ul style="list-style-type: none"> i. Grey Poupon Dijon Mustard 48 oz with opened date of [DATE]. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035263	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2024
NAME OF PROVIDER OR SUPPLIER Archie Hendricks Senior Skilled Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE Federal Route 15 Mile Post 9 Sells, AZ 85634	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>bottle covered with thick gray, brown whitish powder-like substance.</p> <p>ii. 1-gallon Kens Balsamic Vinaigrette</p> <p>iii. 4 gallons of [NAME] Honey Mustard</p> <p>iv. 1-gallon of Teriyaki Marinade sauce with opened date [DATE]</p> <p>During concurrent interview at 1010 AM, the Dietary Manager Consultant (DMC) stated, It's a mold referring to the thick gray, black, whitish powder-like substance.</p> <p>During an interview on [DATE], at 10:22 AM, ADM stated that cleaning of the kitchen including walk-in refrigerator is the responsibility of everyone. ADM explained that she is in the process of creating a schedule for each dietary staff to complete specific task such as cleaning the walk-in refrigerator.</p> <p>During an interview on [DATE], 01:31 PM, Registered Dietician (RD) stated that she was made aware of the presence of molds and it is not acceptable especially it's in the fridge.</p> <p>Review of the facility policy titled, Food Storage dated [DATE] indicated, Procedure: All products should be inspected for safety and quality and be dated upon receipt and when prepared. Use Use-By date on all food stored in refrigerators and use dates according to the timetable in the Dry, Refrigerated and Freezer Storage Charts .Any expired or outdated food products should be discarded . Under Raw Meat indicated, Hamburger and fresh chicken should be cooked within one to two days of purchase Other fresh meats should be cooked or frozen within three to four days of purchase depending on the type of meat. For Fresh Fruits, Fresh fruit should be checked and sorted for ripeness . Most fruits should be used within 3 to 5 days .</p> <p>Review of the facility policy titled, Cleaning Schedules dated [DATE] indicated, Policy, The Food and Nutrition Services staff shall maintain the sanitation of the Food and Nutrition Services Department through compliance with written, comprehensive cleaning schedules developed for the community by the Director of Food and Nutrition Services and other clinically qualified nutrition professional .</p> <p>According to USDA Food Code, 2022, Pathogens can contaminate and/or grow in food that is not stored properly. Drips of condensate and drafts of unfiltered air can be sources of microbial contamination for stored food. Shoes carry contamination onto the floors of food preparation and storage areas. Even trace amounts of refuse or wastes in rooms used as toilets or for dressing, storing garbage or implements, or housing machinery can become sources of food contamination. Moist conditions in storage areas promote microbial growth. Furthermore, The possibility of product contamination increases whenever food is exposed. Changing the container(s) for machine vended time/temperature control for safety food allows microbes that may be present an opportunity to contaminate the food. Pathogens could be present on the hands of the individual packaging the food, the equipment used, or the exterior of the original packaging. In addition, time/temperature control for safety foods are vended in a hermetically sealed state to ensure product safety. Once the original seal is broken, the food is vulnerable to contamination .</p>		